

**IOWA EAST DISTRICT LWML STUDENT FINANCIAL AID APPLICATION SECTION**

**1: To be completed by the STUDENT:**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Middle Initial

Home Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Permanent Home Address \_\_\_\_\_  
Address City State Zip

Temporary School Address \_\_\_\_\_  
Address City State Zip

Do you intend to enter full-time church work? \_\_\_\_ Yes \_\_\_\_ No Period when you will use aid:

Major course of study: \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Home District: \_\_\_\_\_ Home Congregation: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\*The Financial Aid Officer has my permission to share with the Iowa East District LWML Student Aid Committee and need analysis information contained on a FAF or GAPS FAS.

**SECTION 2: To be completed by the COLLEGE**

Name and address of the College \_\_\_\_\_  
\_\_\_\_\_ Period of IED LWML Aid  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Student Grade Level: \_\_\_\_\_ Program of Study: \_\_\_\_\_

I hereby certify that the student named in Section 1 is accepted for enrollment or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: To be completed by the IOWA EAST DISTRICT LWML**

Amount of Iowa East District LWML aid approved: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Iowa East District LWML Officer Date

Please mail applications to Vice President of Gospel Outreach, Jeanette Kreutner, 2774 Highway 38, Hopkinton, IA 52237